## ATTACHMENT A

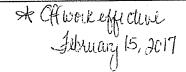
## UNIVERSITY HOSPITALS HEALTH SYSTEM EMPLOYEE ASSISTANCE PROGRAM REFERRAL FORM

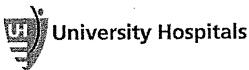
|     | Employee: Deburgh 1:365 Position: Rit 45 There pist Date: 4/17 Phone: 216-776-2713(1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
|     | You are being referred to the EMPLOYEE ASSISTANCE PROGRAM (EAP) because of the concerns noted below. EAP services are confidential, in compliance with the law. Your supervisor will be told only whether you kept the appointment, and whether you complied with the EAP recommendations. Your supervisor will not be told what was discussed unless you specifically authorize it and sign a release of information specifying the information to be released. Information from EA may be shared without a release and authorization in response to state or federal statute/regulation (e.g. Homicidal/suicidal ideation; child and elder abuse/neglect), a court ordered subpoena or an official investigation by a government agency. | n) |
|     | A Tier 1 Mandatory Referral has been made to EAP for the following reason:  Fitness for Duty  Violent, hostile, or reckless behavior that endangers the safety of others or that causes others to fear for their safety  Reasonable suspicion of drug/alcohol use including evidence of drug diversion.                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |
|     | Please phone EAP at 216-844-4948 to confirm your scheduled appointment on 2/15/17 2.00 pm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |
|     | **************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |
|     | **************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |
|     | Explanation of counseling, anecdotal, corrective actions or other concerns relative to the above-checked concerns:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |
|     | My supervisor has explained the reason for this EAP referral. I understand that my supervisor will be notified whether I keep my appointment and whether I comply with the EAP recommendations. I have been given a copy of this form.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |
| EAP | Employee Signature: Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |
|     | Supervisor Signature: 140.743.4189  EAP Counselor Signature: 1 Date: 2/14/17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |
|     | Employee attended EAP session Employee complied Employee did not attend EAP session Employee did not comply                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |
|     | HR 85 – Employee Assistance Program Owner: Human Resources Department Revised October 2016 Page 5 of 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1  |

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## **Debbie Moss-Visual Impairment Concerns**

- Concern about signing documents that you cannot see (treatment plans)
- · Concern that you are unable to complete documentation unless you are in your office
- Concern that you are not able to assess the attention level of patients in group through visualization (facial expressions, etc)
- Witnessed the other day that you were unable to respond to a patients need in group-patient with limited verbal skills who needed assistance
- Witnessed that you walked into patient room when I was in room working on behavioral issues with patient with no awareness that there was a situation of concern
- Concern that you are unable to see when patient could be causing harm to self or others
- · Concern that you are unable to identify when a patient may be in distress
- Concern from other staff members that you have walked into them in the hallways
- Concern about the overall loss of visual cues in all interactions with patients and staff- i.e. demonstrating distraction, hallucinations and how that impacts your ability to do a thorough assessment
- Concerns about changing rehab therapy groups and process i.e. use of white boards for daily schedule





## MEDICAL/PSYCHIATRIC FFD – TIER 1 PROCESS HR/MANAGER PROTOCOL

- Manager to make contact with HR/EAP to initiate FFD process.
- Consultation (phone/in person) to be scheduled by EAP to include HR, manager, Corporate Health, and EAP within 24 hour timeframe.
- Prior to conference call, manager needs to write up summary with history of performance issues (including corrective actions), behavioral, psychiatric, chemical dependency and/or medical concerns.
- During the call, disposition of type of EAP referral will be determined. Once
  decision to proceed with tier 1 FFD is made, an initial appointment for evaluation
  will be scheduled with EAP only for psychiatric evaluations. Medical FFD's will
  be scheduled with EAP counselor and nurse practitioner.
- Attachment "A" to be completed by manager and reviewed by employee prior to meeting with Corporate Health and EAP. Manager to review FFD policy and protocol with the employee including evaluation, toxicology screen, and off duty status.
- Employee will be placed off duty with pay for up to 30-days pending the results of the FFD evaluation. The manager needs to pay in kronos as administrative non-worked hours pay. If FFD goes beyond 30 days, HR, Corporate Health, EAP, and manager need to review status of employee and payment going forward.
- When the FFD period ends, unless special approval is issued by HR and EAP, employee will <u>not</u> be eligible for "administrative non-worked hours" pay. The manager should utilize any PTO and/or STD (if applicable).
- Employee will be seen by EAP and/or nurse practitioner for initial evaluation.
   Employee will be referred to appropriate medical/psychiatric provider for further evaluation and treatment. A toxicology screen will be conducted by Corporate Health at the time of initial evaluation. Department referring the employee will be charged for the psychiatric evaluation. The manager will provide their oracle number for the EAP Assistant to process payment through accounts payable.

- Employee will be notified of RTW/FFD recommendations by EAP and Corporate Health. Release of information for manager, human resource, and care advocates will be completed at this time, regarding workplace recommendations.
- Manager and HR will be notified by Corporate Health and EAP regarding RTW recommendations. If employee is cleared to return to work, consultation with employee, manager, HR, corporate health, and EAP will be initiated to discuss compliance and performance expectations.
- If employee is placed off duty, FMLA and STD will be determined at this time. The manager will be responsible for timely initiating the leave process in Oracle /MDA. Employee will be advised of STD process and EAP will give contact information on this process. Employee will sign release of information to notify care advocates and short-term disability department of off duty status. EAP/Corporate Health will send release of information document to all appropriate providers. Manager is responsible for coordinating with EAP and Payroll to ensure time in Kronos is accurately tracked.
- Employee will be case managed by EAP and/or corporate health during their leave. The manager and all parties involved will be notified who is the contact person.
- If Employee is off duty longer than 30 days, EAP and Corporate Health will
  reconvene and assess current disposition. Once determined, Corporate Health and
  EAP will notify HR, Manager, and disability management services of the
  disposition of the case.